

that of an internal disease. This is most apt to occur in women. As for the Wassermann, it is an intricate reaction, the real nature of which is, as yet, not understood. While there is no doubt of its value, it is known that it is not absolutely reliable in judging of the absence of syphilis. Scientifically, therefore, we must preserve an open mind, and be prepared to accept facts showing that syphilis when once inoculated, and developed as far as the primary stage, is never cured even by the most thoroughgoing treatment. On the other hand to those who believe that syphilis can be cured, the facts as now developed and as set forth in this paper are very encouraging, and justify giving the patient a most favorable prognosis. I think they necessitate taking this favorable view as regards the patient, because I do not believe in putting the patient on tenterhooks by refinements of scientific reasoning, the explanation of which fails to explain, and leaves him in a nebulous state of doubt.

#### THE PRESENT STATUS OF SALVARSAN TREATMENT.

By HOWARD MORROW, M. D., San Francisco.

Time has demonstrated that salvarsan and neosalvarsan are of great value in the treatment of syphilis. Time has also shown that several courses of mercurial medication should always be given in conjunction with the new remedies, and also that the arsenical preparations should be exhibited much oftener than was the custom of a few years ago. Salvarsan is indicated in all cases of active syphilis, and the dose must vary according to the weight of the patient, and to the presence or absence of contraindications. It is particularly indicated in early syphilis, in palmer and plantar syphilis, in malignant syphilis and in ulcerative syphilis, especially when the ulcerations are on the mucous membranes. In early syphilis the dose should be large, and repeated every seventh day for a period of several weeks. In malignant syphilis it may be necessary to give a dozen or more injections before the condition is under control. Syphilis of the palms and soles, and certain types of luetic manifestations on the mucous membranes clear as rapidly after one injection of salvarsan as is noted after several months of straight mercurial treatment.

There seems to be little to choose between old salvarsan and neosalvarsan. Neosalvarsan is easier to prepare, less irritating, and it is supposed to be less toxic. It is better than old salvarsan for hereditary lues, as it can be given intramuscularly with very little discomfort. Old salvarsan appears to be more efficacious than neosalvarsan, but it should not be given intramuscularly, since, when following this route of administration, the reactions are usually more severe.

On account of the frequency of luetic symptoms appearing several months to years after salvarsan has been given, it must be considered advisable to carry on mercurial medication in one form or another, this line of treatment to extend over a year's time or more. Intramuscular injections of the soluble or insoluble salts and inunctions are preferable to mercury given by the mouth.

The American preparation called arsenobenzol is similar to old salvarsan: it is neutralized with the same amount of sodium hydrate, and the clinical results from its use seem to be as satisfactory as those obtained from the German products. The French preparations called arsenobenzol and novarsenobenzol correspond to salvarsan and neosalvarsan respectively, and are practically identical. As it is almost impossible to procure many tubes of the German preparations as a result of the European war, we are fortunate in having an American preparation of equal value.

#### ATTENTION!

#### PHYSICIANS AND DENTISTS.

A man described as follows:

30 years—5'-6 or 7"—125 pounds—Slender build—Light Complexion—Light Hair—Light Eyes—who has a sort of wizened expression and who wore a medium light tan suit, with a long peaked cap to match—

Has, for the past two years, been burglarizing the offices and desks of Physicians and Dentists, stealing blank checks, cancelled checks, also gold, jewelry, cocaine, etc. He uses the cancelled checks as samples; then fills in the blank checks, forging the doctor's name, and cashes these checks at Banks, Stores and Cigar Stands; thus causing the loss of considerable money and valuables to your professions.

We solicit your co-operation in capturing this criminal. Kindly examine your check-books daily, and, if any checks are missing, or, if you should hear of his operating elsewhere, then please notify this Agency *immediately*.

Request the Superintendent of your Building to be on the lookout for this man, and ask him to so instruct the building employees, as this man has operated in this City within the last two days.

Again soliciting your co-operation in capturing this criminal, and assuring you that any information received will be greatly appreciated, we are,

Very truly yours,

PINKERTON'S NATIONAL DETECTIVE AGENCY,

No. 214 Flood Building,  
San Francisco, Cal.,  
April 13th, 1916.

Kearny 5330.